



Complete Summary

TITLE

Diabetes mellitus: percent of patients with diabetes mellitus having hemoglobin A1c (HgbA1c) greater than 9 or not done (spinal cord injury & disorder [SCI&D] cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Brief Abstract

DESCRIPTION

This measure assesses the percent of patients with diabetes mellitus having hemoglobin A1c (HgbA1c) greater than 9 or not done in the past 12 months.

RATIONALE

Research studies in the United States and abroad have found that improved glycemic control benefits people with either type 1 or type 2 diabetes. In general, for every 1% reduction in A1c, the relative risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40%.

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; glycemic control; glycosylated hemoglobin (HgbA1c)

DENOMINATOR DESCRIPTION

Diabetic patients from the Spinal Cord Injury & Disorder (SCI&D) cohort in sample, including those who have not had a hemoglobin A1c (HgbA1c) done in the past 12 months (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator having hemoglobin A1c (HgbA1c) greater than 9 or not done

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

SECONDARY MEASURE DOMAIN

Process

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VA/DoD clinical practice guideline for the management of diabetes mellitus.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Percent of the population with diabetes:

- Nearly 20.1% of the United States population, or 7.0 million people age 65 and older
- Approximately 2.8 million or 13% of all African Americans
- Two million or 10.2% of all Latino Americans
- Approximately 7.8 million or 8.3% of all men over the age 20 in the United States
- Approximately 9.1 million or 8.9% of all women over the age of 20 in the United States

EVIDENCE FOR INCIDENCE/PREVALENCE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Incidence/Prevalence" field.

BURDEN OF ILLNESS

Complications of diabetes include:

Heart disease

- Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.

Stroke

- The risk of stroke is 2 to 4 times higher among people with diabetes.

High blood pressure

- About 73% of adults with diabetes have blood pressure greater than or equal to 130/80 millimeters of mercury (mm Hg) or use prescription medications for hypertension.

Blindness

- Diabetes is the leading cause of new cases of blindness among adults 20-74 years old.
- Diabetic retinopathy causes from 12,000 to 24,000 new cases of blindness each year.

Kidney disease

- Diabetes is the leading cause of treated end-stage renal disease, accounting for 43% of new cases.
- In 1999, 38,160 people with diabetes began treatment for end-stage renal disease.
- In 1999, a total of 114,478 people with diabetes underwent dialysis or kidney transplantation.

Nervous system disease

- About 60% to 70% of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include impaired sensation or pain in the feet or hands, slowed digestion of food in the stomach, carpal tunnel syndrome, and other nerve problems.
- Severe forms of diabetic nerve disease are a major contributing cause of lower-extremity amputations.

Amputations

- More than 60% of nontraumatic lower-limb amputations in the United States occur among people with diabetes.
- From 1997 to 1999, about 82,000 nontraumatic lower-limb amputations were performed each year among people with diabetes.

EVIDENCE FOR BURDEN OF ILLNESS

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Diabetic patients from the Spinal Cord Injury & Disorder (SCI&D) cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Diabetic patients from the Spinal Cord Injury & Disorder (SCI&D) cohort in sample, including those who have not had a hemoglobin A1c (HgbA1c) done in the past 12 months*

*Eligible Diabetes Mellitus Patients: Meets Spinal Cord Injury & Disorder (SCI&D) cohort selection criteria AND has a diagnosis of diabetes upon Computerized Patient Record System (CPRS) chart review. Refer to the original measure documentation for patient cohort description and sampling size strategy.

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator having hemoglobin A1c (HgbA1c) greater than 9 or not done*

*HgbA1c: glycosylated hemoglobin used to measure long-range glycemic control. If more than one HgbA1c has been done in the past 12 months, the value of the most recent test is used.

The question pertaining to level of glycemic control pertains to ALL diabetic patients, not just those who have had the test done. Therefore, if no HgbA1c was done, the patient is included in the denominator for both indicators and the numerator for assumed to be out of control (e.g., greater than 9).

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2005 targets for hemoglobin A1c (HgbA1c) (Spinal Cord Injury & Disorder [SCI&D]):

- Meets Target: 15%
- Exceeds Target: 12%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Diabetes mellitus: HgbA1c greater than 9 or not done (poor control).

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Diabetes Mellitus](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Dec

REVISION DATE

2005 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Diabetes Mellitus: HgbA1c Greater Than 9 or Not Done (Poor Control)," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

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